

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Rosa DeLauro

Mailing Address 12 Trumbull Street

City
New HavenState
CTZip Code
06511Purpose of Disbursement
2012 Convention ContributionCandidate Name
Rosa L. DeLauro011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 03

Transaction ID: 6B450BBAC3CB802D60A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Sherrod Brown

Mailing Address PO Box 76187

City
WashingtonState
DCZip Code
20013Purpose of Disbursement
2012 Primary ContributionCandidate Name
Sherrod Brown011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: 059EF85A21A960823AB

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	1	1

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Geoff Davis for Congress

Mailing Address PO Box 17192

City
Ft MitchellState
KYZip Code
41017Purpose of Disbursement
2012 Primary ContributionCandidate Name
Geoffrey C. Davis011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: AE65BED793E211A24CF

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)